

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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UNITED STATES OF AMERICA, :

- v. - :

KEVIN SISTI, :

Defendant. :

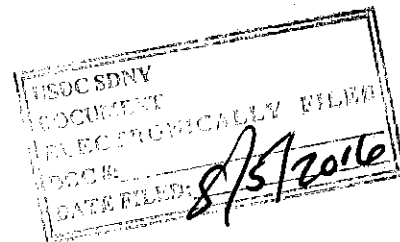
NOLLE PROSEQUI

14 Cr. 545 (CS)

- - - - - x

1. The filing of this *nolle prosequi* will dispose of this case with respect to the defendant KEVIN SISTI. Sisti surrendered, waived indictment, and pleaded guilty to a two-count Information (Docket No. 14 Cr. 545 (CS)) charging him with conspiring to commit bank fraud (in violation of Title 18, United States Code, Section 1349) and conspiring to defraud the Internal Revenue Service (in violation of Title 18, United States Code, Section 371).

2. On June 22, 2016, while the above-captioned case was pending, but prior to sentencing, KEVIN SISTI died. Attached hereto as Exhibit A is a true and correct copy of a death certificate for the defendant.



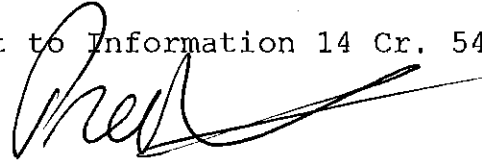
4. In light of the foregoing, I recommend that an order of *nolle prosequi* be filed as to defendant KEVIN SISTI.



Elliott B. Jacobson
Assistant United States Attorney
(914) 993-1940

Dated: White Plains, New York
July 27, 2016

Upon the foregoing recommendation, I hereby direct, with leave of the Court, that an order of *nolle prosequi* be filed as to defendant KEVIN SISTI with respect to Information 14 Cr. 545(CS).



PREET BHARARA
United States Attorney
Southern District of New York

Dated: New York, New York
July 31, 2016

SO ORDERED:



HONORABLE CATHY SEIBEL
United States District Judge
Southern District of New York

Dated: White Plains, New York
~~July~~ 8/4, 2016

Exhibit A

1 Area to be
filled by the
Certifier.

VS-4 REV. 1/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box)

2 Area to be
filled by
Director or
necr.

3-40 to be
filled for Nurse
necrments.

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) KEVIN PATRICK SISTI				2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month) 06/22/2016 June		4. ACTUAL OR PRESUMED TIME OF DEATH 11:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
5. AGE LAST BIRTHDAY 51		6. UNDER 1 YEAR Mo. Days Hours Min.		7. DATE OF BIRTH (MM/DD/YYYY) 09-09-1964		8. BIRTHPLACE (City, State or Foreign Country) New Britain, CT			
9. RESIDENCE (State) CT		10. RESIDENCE (County) Hartford		11. RESIDENCE (City or Town) Farmington		12. RESIDENCE (Street and No.) 64 Pinnacle Rd		13. APT. NO. --	
14. ZIP CODE 06032		15. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. MARITAL STATUS AT TIME OF DEATH: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. SURVIVING SPOUSE'S NAME (Give full name prior to first marriage) Paula Russo			
18. FATHER'S NAME (First, Middle, Last) BENJAMIN SISTI				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Helene Bailey					
20. INFORMANT'S NAME Kevin Sisti Jr.				21. INFORMANT'S RELATIONSHIP TO DECEDENT Son		22. MAILING ADDRESS (Street and Number, City, State, Zip Code) 64 Pinnacle Rd Farmington CT 06032			
23. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival				24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify):				25. FACILITY NAME (If not institution, give street & number) UConn Health	
26. CITY OR TOWN OF DEATH Farmington		ZIP CODE 06030		27. COUNTY OF DEATH Hartford		28. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify):			
29. DISPOSITION (Name of cemetery, crematory, other place) Riverview Crematory				30. LOCATION (city/town, state) Old Saybrook Ct		31. DATE (MM/DD/YYYY) 6/25/2016		32. WAS BODY EMBALMED? If yes, Name of Embalmer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. FUNERAL FACILITY - Name and Address (street, town, state, zip) NEW BRITAIN MEMORIAL DONALD O. SAGARINO FUNERAL HOME 444 FARMINGTON AVE. NEW BRITAIN CT 06053				34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER <i>Barbara Baron</i>		35. LICENSE NUMBER OF SIGNEE IN BOX 34 2657			
36. DATE PRONOUNCED DEAD (MM/DD/YYYY) 06/22/2016		37. TIME PRONOUNCED 11:15pm		38. PRONOUNCER'S NAME AND DEGREE OR TITLE (Print) Barbara Baron, APRN		39. PRONOUNCER'S SIGNATURE <i>Barbara Baron</i>		40. DATE SIGNED 6/22/16	
41. WAS MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				42. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>(a) Sepsis Due to (or as a consequence of):</p> <p>(b) Metastatic Colon Cancer Due to (or as a consequence of):</p> <p>(c) _____ Due to (or as a consequence of):</p> <p>(d) _____ Due to (or as a consequence of):</p>									
45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				46. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
48. CERTIFIER (Check only one box) <input type="checkbox"/> Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated. Barbara Baron Barbara Baron APRN 6/22/16									
49. MAILING - CERTIFIER (Street) (City or Town) (State) (Zip) 263 Farmington Avenue Farmington CT 06030									
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: June 24, 2016				BY Tracey Monon, asst. REGISTRAR					
50. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input checked="" type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Unknown <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Not available				51. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify):				52. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify): <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify): <input type="checkbox"/> Other (specify):	
53. DECEDENT'S USUAL OCCUPATION ENTREPRENEUR				54. KIND OF BUSINESS/INDUSTRY Self Employed		55. SOCIAL SECURITY NUMBER 040-62-3066			

ADMINISTRATIVE
USES

I HEREBY CERTIFY THAT THIS IS A TRUE CERTIFICATE ISSUED FROM THE OFFICIAL RECORDS ON FILE



6/24/16
DATE ISSUED

SIGNATURE OF ISSUING REGISTRAR:

Tracey Monon
ASSISTANT REGISTRAR

PLACE OF ISSUANCE:
FARMINGTON